question arises as to the identity of the bifidus-like bacillus which has been isolated from the breast milk and from the skin around the nipple. They think that it is B. bifidus and they believe that this group of organisms which are present in or on the nipples of the mother are an important source of the bifidus organisms found in the nursling's intestinal tract.

The Bacteriology of the Normal Infant's Urine.—Helmholz and Millikin (*Am. Jour. Dis. Children*, 1922, **23**, 309) studied the urine of 75 infants, 35 boys and 35 girls. The results of their studies emphasize the futility of obtaining evidence by the method of Langer and Soldin that in any way will help to settle the problem of the mode of infection in pyelitis. The error that creeps in by contamination, even when all precautions are taken, is such that the evidence obtained is always open to criticism. Their data show that in $\frac{3}{7}$ of the specimens obtained the urine was sterile, and $\frac{2}{3}$ of these observations were made in duplicate. They do not agree with Kleinschmidt that at each catheterization a different flora is obtained, nor with Langer and Soldin that a sterile specimen is only an accident, and that repeated catheterization will always yield bacteria in the urine. Recatheterization was repeatedly done and identical results both with regard to sterility and flora were obtained. They call attention to the types of organisms found by Kleinschmidt and by Langer and Soldin, those of the colon group and Streptococcus lacticus, which are all inhabitants of the intestinal canal and not normally present in the urethra as far as can be learned. Kleinschmidt asserts that by taking smears from the meatus after cleansing it he was able to prove the constant presence of an organism of the same type as that found in cultures of the urine. The method used by Langer and Soldin of obtaining cultures is also open to criticism since by washing out the urethra, organisms may be easily washed into the bladder. They found long chains of streptococci, which they believed to have grown from organisms coming from the kidney. The most plausible interpretation is that they were washed in from the urethral opening, and are essentially contaminations, as it is not likely that organisms would grow so rapidly in urine and not grow in more favorable culture media after inoculation. The findings of the authors are at variance with those of both Kleinschmidt and of Langer and Soldin in the frequency of occurrence of Streptococcus lacticus, which was always present in their cultures. They found it in only 6 instances, and it may have been present in 5 others, so that at most it was present in 15 per cent of the urines examined. In 6 of 11 instances the Streptococcus lacticus was found in the liquid medium and not recovered on the solid medium.

Studies of Infant Feeding: A Bacterio-chemical Study of the Acid Stools Excreted by Breast-fed and Bottle-fed Infants.—Bosworth, Wilder, Blanchard, Brown and McCann (*Am. Jour. Dis. Children*, 1922, **23**, 309) describe a method for the distillation of volatile acids from the stools of infants, and also give a graphic method for the study of the nature of the volatile acids, which may be distilled by their technic. Following these procedures they have found that the stools from normal, healthy breast-fed babies are acid in reaction and contain the volatile acids, formic and acetic. By the same technic they have found that the stools from normal healthy bottle-fed babies are acid, neutral or alkaline in reaction. The acid stools may contain very large amounts of acid and the volatile acid present is acetic acid. Bacillus aërogenes, Micrococcus ovalis, Bacillus bifidus and other unidentified organisms isolated from acid stools possess the power of reducing citrate to a volatile acid. The volatile acid produced by Bacillus aërogenes, Micrococcus ovalis and other unidentified bacteria was determined to be acetic acid. The volatile acid produced by Bacillus bifidus was found to be a mixture of acetic and formic acids. Other organisms like Bacillus coli, Bacillus capsulatus, Bacillus acidi lactici, and Bacillus cloacæ disposed of the citrate, producing carbon dioxide and water without the formation of acetic acid. If a synthetic food containing no citrate was fed to an infant, no acetic acid appeared in the stools. If a synthetic food containing a soluble citrate such as sodium citrate was fed, a small amount of acetic acid was found in the stools. If a synethetic food containing an insoluble citrate such as calcium citrate was fed, a large amount of acetic acid was found in the stools. The addition of soluble citrates such as sodium citrate and orange juice to modified milk formulas increased only slightly the acetic acid content of the stools. The addition of an insoluble citrate such as calcium citrate to modified milk formulas resulted in a marked increase in the acetic acid content of the stools. The stools from infants receiving Dryco dry milk contained large amounts of acetic acid. This was probably due to the fact that a considerable portion of the soluble citrate, originally present in the milk, was converted to insoluble citrate during the process of drying.

Potential Heart Disease and Prevention of Organic Heart Disease in Children.—St. Lawrence (*Jour. Am. Med. Assn.*, 1922, 78, 947) studied 65 cases of potential heart disease for an average period of four and a half years. Forty-nine patients or 75 per cent remained free from evidence of cardiac disease during that time. Of 25 patients with acute rheumatic fever in this series, none contracted a lesion in the heart. Of 9 patients with myositis, bone and joint pains, the so-called growing pains and sore throat, none contracted a lesion of the heart. Sixteen patients or 25 per cent contracted a cardiac lesion while under observation. In every case in which a cardiac lesion developed the clinical picture was dominated by chorea in a severe form. No patient developed a cardiac lesion in the absence of this complication. Of 41 patients with chorea in this series 16 or 39 per cent contracted a lesion in the heart. Measures of value in preventing disease of the heart are of greatest benefit when directed against acute rheumatic fever, myositis, bone and joint pains, the so-called growing pains and sore throat. Such measures have little or no value when directed against chorea. In untreated potential cases, acute rheumatic fever is the most important factor concerning disease in the heart. With the exception of mild mitral stenosis, cardiac lesions practically always occur during the active phase of a rheumatic manifestation or a period of pyrexia. In the absence of an active phase, the physical signs in the heart remain unchanged. Evidence of mitral stenosis may not appear for a year or more after the cessation of the rheumatic manifestations. It is there-